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REVIEW ARTICLE

TALKING TO A PATIENT WITH OCULAR INJURY

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ABSTRACT

The eye is one of most vital organ. Eye injury is most frightening and stressful injury amongst all non life threatening injuries. Of all causes of sight loss, eye injury is the most sudden and dramatic because it is instantaneous. Devising a strategy to manage ocular trauma not only helps ease management, but also helps minimize the psychological impact. The high pshycosocial impact of eye injuries can be minimized by the symphthatetic and compassionate attitude of attending eye surgeon.

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INTRODUCTION

Talking to a patient with ocular injury

It's natural for patient and caretakers to get anxious in case of ocular trauma. Eye trauma not only disfigures the facial appearance but also has profound effects on social life of an individual. An empathic and supportive attitude could help patient cope with psychological impact of injuries. Despite having a lot of pshycological impact, this issues has been never given much importance or being addressed properly. Prior to examining ocular injuries make sure patient has no life threatening injury. If life threatening injury is evident it is critical to manage it first. The first encounter between a patient of ocular trauma and surgeon occurs in emergency settings hence this relation does not enjoys the usual benefits of an orderly and planned encounter. A calm gentle symphathetic reassuring approach hence is must while approaching an ocular trauma patient. Such an attitude will help developing rapport with the patient. Once the patient becomes comfortable more details about nature, place and mode of injury could be inquired which will make further intervention easy and predictable. Make it a point to involve the attendants of patients from the very beginning in process of dealing with eye injury as patient might not be in state to understand the instructions or cooperate. Further these attendents will be involved in taking care ie putting drops once patient is discharged hence educating them is must. While dealing with a medicolegal Case be very particular in usage of language. Using a decent non controversial and professional language without blaming or holding someone responsible for injury is paramount. Try to follow the professional codes of conduct without putting blame on standards of care provided by previous health facility, in case attended. Document document and document every ocular finding noticed. Its important both for patient as well as surgeon point of view. Notes should be written clearly precisely and without bias or blame. If the patient permits try to have a photographic documentation. Serial photography helps in documenting clinical course of injury. Photographs serve as key forensic evidence in subsequent litigation and archieved photos have great educational and research value. Always have an informed consent from patient. After primary surgery the patient is to be counselled regarding expected. Results of surgery and need for further diagnostic tests. Since each eye behaves differently with surgery the Prognosis had to be explained. Chances of Potential complications (especially infection) needs to be explained beforehand to patient. Patient instructions regarding pain, monocular vision checkup, positioning, medical treatment, activity needs to be made clear and precise. Monocular status, fellow eye health and stability assurance need to be assured. Prior to secondary surgery the importance of Revision of goals, treatment plan, prognosis, surgery/enucleation needs to be made understood to patient. Informed consent for further surgery/enucleation needs to be taken. Informed consent for certain vitreous substitutes (e.g., silicone oil) must be taken in case planned.

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After each reconstructive surgery further prognosis refinement needs to be explained to patient Potential complications (infection; hemorrhage; retinal detachment; glaucoma/ hypotony/phthisis; cataract; corneal decompensation/distortion; traumatic mydriasis/diplopia/metamorphopsia; PVR; loss of the eye; SO), Anesthesia risk needs to be explained to patient. At treatment conclusion Lifetime examination plan or as appropriate Safety precautions during treatment) and Rehabilitation (personal, occupational) issues need to be adressed.

Further treatment options e.g., secondary IOL, pupilloplasty, iris reconstruction/implant, penetrating keratoplasty, muscle surgery must be told to patients. Amblyopia prophylaxis/ treatment, Singular binocular vision versus reserve eye needs to be explained. If not sure about the information furnished by patient it is safe to use the language that the patient gives a history of assault. Encourage the attendants to ask questions about prognosis so that they are mentally prepared for what to expect. Repeat all the instructions verbally twice in addition to written orders. Take care to refer them to a institute where all the management will be feasible that's a multidisciplinary team including general eye surgeon a retinal surgeon and an anesthetist so that patients doesn't suffers unnecessary delay of time.

If the injury is grievous one must try to have a symphatetic yet cautious approach free of unnecessary optimism. Use of statements like "we will try our level best, we cant say about the prognosis yet" is best preferred even if eye has bad prognosis. Such a language will keep a balance between patients emotional anxious state and reality. If ocular trauma is not dealt with accurate compassion and empathy it may cause a patient with poor visual prognosis to get mentally depressed or to suffer from unnecessary suffering when the outcome is clearly better than the patient has come to expect. (Kuhn *et al*., 1996) In sequential follow-ups patient can be told about modern techniques of globe reconstruction which may help salvaging the eye in cosmetically acceptable fashion or restoring some basic visual function. Patient should be counseled regarding variability of eye injuries and response of eye to injuries. The issue of less commonly seen sympathetic ophthalmia must be explained to patient with open globe injury. Even if injury is grief, ones attempt should be to communicate through gestures that best effort will be done to minimize the impacts of injury. The children should be held with the caretaker. Children will allow us to examine at ease if his parents are allowed to be with him while examining. The patient should be alleviated of anxiety first and gently explained about the nature of injury and its impacts. Address all the queries of patient and his attendants and try to be considerate. To educate patient about protective modes for future prevention during further follow ups is also duty of attending surgeon

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